

**GW25-e5144****A cross-sectional survey on the perception of the anticoagulant treatment in atrial fibrillation in physicians from county hospitals**

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**Objectives:** Warfarin was underused in Chinese patients with atrial fibrillation (AF) especially in low level hospitals. The purpose of this survey was to investigate the perceptions of the prevention of stroke and warfarin in physicians from county hospitals.

**Methods:** A cross-sectional survey was conducted in a convenience sample of physicians from county hospitals. The questionnaire consisted of questions on physicians' knowledge, awareness and concerns regarding atrial fibrillation diagnosis and warfarin treatment, including CHADS<sub>2</sub> score, CHA<sub>2</sub>DS<sub>2</sub>-VAS<sub>C</sub> score, HAS-BLED score and the target of international normalized ratio (INR).

**Results:** From Jun to Nov in 2013, 292 questionnaires were returned from 9 county hospitals. 208 questionnaires were analyzed. Most of the physicians (83.2%) were from tier 1 and 2 hospitals. The median percentage of the anticoagulant treatment self-reported was 60% (Q1-Q3: 30%-90%) in patients with rheumatic valvular AF, 50.0% (Q1-Q3:30.0%, 60.0%) in patients with non valvular AF and 95.0% (Q1-Q3:80.0%, 100.0%) post mechanical heart valve replacement. The most common concerns of prescribing warfarin were worries about the bleeding risk related to warfarin (74.0%), the mandated routine monitoring of INR (65.4%) and advanced age (44.7%). Half of the physicians will use ECG for the diagnosis of AF and only 28.3% will use both ECG and Holter. Among the physicians who reported using INR to monitor warfarin, 62.5 % indicated a target range between 2 and 3 and lower target were indicated in one third of the participants. The proportion of the physicians who were aware of CHADS<sub>2</sub> score and CHA<sub>2</sub>DS<sub>2</sub>-VAS<sub>C</sub> score were 51.4% and 41.3%, but the correct answer to the risk factors only accounted for 15.4% and 7% respectively. Although 34.6% of the physicians were aware of HAS-BLED score, only 6% correctly selected the 7 parameters. 68.3% of the physicians indicated the Vitamin K is the antidote for warfarin.

**Conclusions:** This study highlighted physicians' concerns and deficits in knowledge regarding the risk stratification and anticoagulant treatment in AF patients. Concerns about the risks of bleeding and INR monitoring appeared to be the biggest barriers for anticoagulant. Education program were needed to improve the suboptimal use of stroke risk assessment tools.

**GW25-e3142****The effects of building public training website to used in cardiopulmonary resuscitation skills training for the publics**

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**Objectives:** Most cardiac arrests occur outside the hospital, so it is really necessary to begin cardiopulmonary resuscitation skills training for the publics. The publics can participate in the rescue at once as the first witnesses of the cardiac arrest to improve the survival rate of the sufferer. The purpose of this research is to explore the teaching effectiveness of building public training website to used in cardiopulmonary resuscitation skills training for the publics.

**Methods:** From June 2013, we spent two months to build a website about CPR training. Website content includes CPR theory CPR video, as well as treatment of common acutes. Between September 1, 2013 to October 30, 2013, Two hundred college students that are not medical profession participated in this research. They were trained for cardiopulmonary resuscitation skills based on 2010 CPR guidelines. One hundred students assigned into the experimental group, were self-study from the training website we given at one day before the training day, and trained with team-based learning (TBL) teaching. Another One hundred students assigned into the control group, were trained with TBL teaching. Theory, skill-practice and cardiac arrest scene simulation, three tests were employed to evaluate the training effectiveness before the training course started and after the training course finished in two groups.

**Results:** After training, both groups got higher scores than before training in all the tests ( $P<0.05$ ). College students in experimental group acted better than those in control group in all the tests ( $P<0.05$ ). Better group cooperation, superior quality and higher rates of chest compression, as well as more prompt initiation of chest compression, are obtained in the experimental group ( $P<0.05$ ). However, there was no difference in theory test between them ( $P>0.05$ ). The experimental group to teaching satisfaction was also higher than those in the control group ( $P<0.05$ ).

**Conclusions:** Teaching with use public training website seems helpful in training of the cardiopulmonary resuscitation skills for the publics.

**GW25-e2523****Premature ejaculation results from partners' mismatch: Development and validation of couples' sexual satisfaction index**

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**Objectives:** To propose the concept and evaluate the use of couples' sexual satisfaction index (CSSI) as a diagnostic tool for PE.

**Methods:** Data from 103 self-reporting PE patients and 59 normal controls were collected. Participants filled in the questionnaires and provided estimated, expected and stopwatch-measured intra-vaginal ejaculation latency time (IELT). And CSSI=stopwatch-measured IELT / (1/2 the male's expected IELT +1/2 the female's expected IELT).

**Results:** (1) The stopwatch-measured IELT was  $1.74\pm1.4$  minutes (PE group) and  $14.45\pm11.0$  minutes (control group) ( $P<0.05$ ). The expected IELT was  $15.65\pm8.7$ min and  $14.16\pm6.9$  min (men vs women, PE group),  $21.3\pm16.1$  min and  $20.04\pm13.47$  min (men vs women, control group), significant differences were found for both groups regarding stopwatch-measured and expected IELT. (2) Significant differences were found for both sexual satisfaction and sexual orgasm between the two groups. (3) CSSI was  $0.14\pm0.12$  (PE group) and  $0.83\pm0.60$  (control group) ( $P<0.05$ ). The area under the ROC curve was 0.907, and the confidence interval was (0.862, 0.969), the best cut point was 0.658, the Youden index was 0.652, sensitivity was 0.991, specificity was 0.661, positive predictive probability was 83.46%, and negative predictive probability was 97.6%.

**Conclusions:** CSSI was a simple and objective screening indicator for self-reported PE, basing on the partners' sexual mismatch.

**GW25-e1425****The effect of diversified health education on myocardial infarction patients with anxiety and depression**

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**Objectives:** To understand anxious and depressed status of myocardial infarction patients, and observe the impact of diversified health education on their mental feelings.

**Methods:** To randomly allocate 90 of myocardial infarction patients into intervention and control group with equal number. Both group will receive a regular education section by nurse. The intervention group will additionally engage in patient experience sharing section, take special lectures, get family visit, receive publicity materials, take multi-media education, and education with picture and its accompanying. They will also be in the diversified health education section which is designed accordance with their practical situation. There will be a comparison into two groups' mental status according to Self-rating Depression Scale (SDS), Self-rating Anxiety Scale (SAS) and Depression Status Inventory (DSI), at 10 days before hospital admission and 30 days after leaving hospital.

**Results:** Patients with myocardial infarction, to some extent, have anxiety and depression. However, with the help of diversified health education, SDA, SAS and the incidence of anxiety and depression has decreased dramatically. It is more obvious in the intervention group, and the difference between two groups is statistically significant ( $P<0.05$ ).

**Conclusions:** The diversified health education is able to reduce anxiety and depression scales and incidence within myocardial infarction patients, it is also helpful for overall rehabilitation. This means that, diversified health education is worth being widely apply to clinical work.

**GW25-e2251****Effects of Nurse Case Management on Quality of Life in Patients with Chronic Heart Failure Disease**

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**Objectives:** To evaluate the effects of nurse case management on quality of life in patients with chronic heart failure disease.

**Methods:** A total of 80 chronic heart failure patients were recruited and were randomly divided into the experimental group and the control group, 40 patients each group. Inclusive criteria: All the patients were chronic heart failure disease with certain diagnostic standard. They had no disorders of consciousness, have good understanding and can communicate with others. The patients all knew the fact and agreed. The control group was given routine nursing, health education and rehabilitation of chronic heart failure. The experimental group received case management carried out by nurses who received training through designing case management record sheet. The case management needed to plan the treatment and rehabilitation instruction with the patients according to their condition at admission. After discharge, the patients received services according to their condition by telephone and outpatient visits.

**Results:** The quality of life of two groups after discharge both significantly improved than admission. The quality of life in the experimental group was significantly higher than that of the control group at the first, third and sixth month after discharge, and the anxiety scores was significantly lower than that of the control group at the first, third and sixth month after discharge ( $P<0.05$ ).

**Conclusions:** Nurse case management can improve the quality of life of patients with chronic heart failure disease.